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23492 7590 06/29/2004

STEVEN F. WEINSTOCK
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 100 ABBOTT PARK ROAD
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Kimberly A. Iorio	(Depositor's name)
<i>Kimberly A. Iorio</i>	(Signature)
9/14/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/731,126	12/06/2000	Sheng C. Lou	6755.US.O1	9182

TITLE OF INVENTION: MONOCLONAL ANTIBODIES TO HUMAN IMMUNODEFICIENCY VIRUS AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PARKIN, JEFFREY S	1648	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cheryl L. Becker

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Abbott Laboratories

Abbott Park, IL

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature) *Cheryl L. Becker* (Date) *9/14/04*

Cheryl L. Becker, Reg. No. 35,441

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09/20/2004 FFANAI3 00000034 010025 09731126

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02 FC:15041330.00 DA
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